

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
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TOTAL IND.	8					
TOTAL DEP.	11	→	↓			
TOTAL	19	→	↓			

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